

<b>PEST CONTROL BUSINESS COUNTY REGISTRATION</b>	STATE OF CALIFORNIA DEPARTMENT OF PESTICIDE REGULATION PEST MANAGEMENT AND LICENSING BRANCH	
	REGISTRATION EXPIRATION DATE: DECEMBER 31, _____	
	FOR REGISTRATION IN COUNTY OF: <b>GLENN</b>	

NAME:		
ADDRESS:		
CITY:	ZIP CODE:	TELEPHONE NUMBER:

BUSINESS NAME:		BUSINESS LICENSE NO:
ADDRESS:		BUSINESS LOCATION: MAIN_____ BRANCH_____
CITY:	ZIP CODE:	TELEPHONE NUMBER:

Restricted Material (s) Possesion Permit No. _____  No Restricted Material may be possessed except in accordance with any attached condition (s). This is not a permit to apply.
--

CONDITION(S) ATTACHED :        YES ____ NO ____	QUALIFIED APPLICATOR'S SIGNATURE
---	----------------------------------

REGISTRATION CARD:	ADDITIONAL INFORMATION/COMMENTS

ISSUING COUNTY'S ADDRESS:   GLENN COUNTY DEPARTMENT OF AGRICULTURE 720 N. COLUSA STREET WILLOWS, CA 95988 (530) 934-6501	REGISTRATION FEE RECEIVED \$_____	
	CASH_____ CHECK # _____	
	AGRICULTURAL COMMISSIONER'S SIGNATURE	
	Marcie Skelton BY:	DATE: